Alkermes is pleased to announce a new and improved specialty distribution option for VIVITROL® through Besse Medical. This relationship delivers a new option for direct purchase customers including contracted pricing and extended payment terms.

**IMPROVED ACCESS TO VIVITROL®**

- Contracted pricing
- Extended 75-day payment terms
- Accounts established in 48 hours with a simple, one-page credit application
- State-of-the-art Web system
- Convenient ordering via phone, fax or Web
- Next day delivery

**KEY BENEFITS**

To learn if you qualify for this exciting new program, contact Besse Medical at 1-800-543-2111.

**HOW TO PROCEED**

 HAVE MORE QUESTIONS? 

Contact Besse Medical at:

Phone: 1.800.543.2111  
Fax: 1.800.543.8695  
Web: www.besse.com 

or your Alkermes Addiction Recovery Associate

Please see Important Safety Information, including Boxed Warning, on reverse side.
INDICATION

VIVITROL® is indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with VIVITROL®.

Patients should not be actively drinking at the time of initial VIVITROL® administration.

Treatment with VIVITROL® should be part of a comprehensive management program that includes psychosocial support.

IMPORTANT SAFETY INFORMATION

Naltrexone has the capacity to cause hepatocellular injury when given in excessive doses. Naltrexone is contraindicated in acute hepatitis or liver failure, and its use in patients with active liver disease must be carefully considered in light of its hepatotoxic effects. The margin of separation between the apparently safe dose of naltrexone and the dose causing hepatic injury appears to be only five-fold or less. VIVITROL® does not appear to be a hepatotoxin at the recommended doses. Patients should be warned of the risk of hepatic injury and advised to seek medical attention if they experience symptoms of acute hepatitis. Use of VIVITROL® should be discontinued in the event of symptoms and or signs of acute hepatitis.

VIVITROL® is contraindicated in patients receiving or dependent on opioids, in acute opioid withdrawal, and in those who have failed the naloxone challenge test or have a positive urine screen for opioids; and in those with previous hypersensitivity to naltrexone, PLG, carboxymethylcellulose, or any other components of the diluent.

Patients must be opioid free for a minimum of 7-10 days before treatment. Attempts to overcome opioid blockade due to VIVITROL® may result in fatal overdose. In prior opioid users, use of opioids after discontinuing VIVITROL® may result in fatal overdose because patients may be more sensitive to lower doses of opioids. Patients requiring reversal of the VIVITROL® blockade for pain management should be monitored by appropriately trained personnel in a setting equipped for cardiopulmonary resuscitation.

Consider the diagnosis of eosinophilic pneumonia if patients develop progressive dyspnea and hypoxemia. Injection site reactions not improving may require prompt medical attention. Alcohol-dependent patients, including those taking VIVITROL®, should be monitored for the development of depression or suicidal thinking. Caution is recommended in administering VIVITROL® to patients with moderate to severe renal impairment.

The most common adverse events associated with VIVITROL® in clinical trials were nausea, vomiting, headache, dizziness, asthenic conditions and injection site reactions.

Please see accompanying full Prescribing Information.
Naltrexone is an opioid antagonist with little, if any, opioid agonist activity. The microsphere formulation of naltrexone for suspension, to be administered by intramuscular injection. Naltrexone is extensively metabolized in humans. Production of the primary metabolite, β-naltrexol upon repeat administration of VIVITROL. Absorption is not significant; plasma concentrations of naltrexone are observed approximately 2 - 3 days later. Beginning approximately 14 days after dosing, the blockade produced potentially surmountable, but overcoming full naltrexone blockade. Naltrexone has few, if any, intrinsic actions besides its opioid blocking properties. However, in animal models, Naltrexone has the capacity to cause hepatocellular injury when given in excessive doses. Naltrexone has the capacity to cause hepatocellular injury when given in excessive doses.

Naltrexone base anhydrous is an off-white to a light tan powder with a melting point of 168-170º C (334-338º F). It is insoluble in water and is soluble in ethanol.

Subjects treated with VIVITROL should be alerted to the need to monitor patients for the emergence of serious and potentially fatal psychiatric disorders, and that no dosage adjustment is necessary (see PRECAUTIONS). Patients who have previously exhibited hypersensitivity to naltrexone, PLG, or any component of the microsphere formulation should not receive VIVITROL. Naltrexone has the capacity to cause hepatocellular injury when given in excessive doses.

VIVITROL is not indicated for the purpose of opioid blockade or the treatment of opiate addiction. Naltrexone may be used with other treatments in an attempt to lower the rate of drug use and to improve the effectiveness of other interventions. VIVITROL is not indicated for the purpose of opioid blockade or the treatment of opiate addiction.

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PATIENT PACKAGE INSERT

1 - Patient Package Insert
2 - 1½ inch 20G Administration Needle
3 - Safety Device
4 - 1½ inch 20G Preparation Needle
5 - 1 ml Naloxone Hydrochloride for Injection
6 - Patient Information Card

1. Remove the carton from refrigeration. Prior to preparation, check drug storage temperature (approximately 4°C reviewed).
2. To use mixing, firmly tip top of carton and surface, ensuring the powder moves freely (see Figure A).
3. INJECT the 3.4 ml of diluent into the VIVITROL Microsphere vial (see Figure C).
4. The powder and diluent of Vivitrol® must be mixed before injection. Do not shake or vigorously agitate the powder. The suspension should be drawn up into a 2-mL syringe and injected into the patient (see Figure D). Ensure that the dose is thoroughly mixed and visible before injection.
5. The administration needle and replace with 1½ inch administration needle for convenience (see Figure E).
6. After the injection is administered, cover the needle by pressing the safety shield against the skin surface using a continuous motion away from the patient's skin.